MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

510

1. PLACE OF DEATH
County: Charlton
Township: [redacted]
City: Sumner Mo (No. ..... St. ..... Ward)

Registration District No. 176
Primary Registration District No. 4105

File No. .....
Registered No. 1

2. FULL NAME: Mary alice Smart

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Lorenzo Taylor Smart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 5th 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Carlisle
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: David Berry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Clintonville Ky

14. INFORMANT: D T Smart
(Address): Sumner Mo

15. FILED: 1/25, 1930 A L Lewis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to Jan 25, 1930, that I last saw h. ex. alive on Jan 24, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Ulcerations
87B Senile
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical exam no
(Signed) A L Lewis, M. D
1/25, 1930 (Address) Sumner Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: IOOF Cemetery
DATE OF BURIAL: Jan 26 1930

20. UNDERTAKER: W G Thorne
ADDRESS: Sumner Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.